

Name

COMMISSION

FEB 03 2011

Maine Ethics Commission

COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES

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Office: 45 Memorial Circle, Augusta, Maine

Office:

e: 45 Memorial Circle, Augusta, Maine

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2010 STATEMENT OF SOURCES OF INCOME (1 M.R.S.A. §§ 1016-A - 1019)

Covering the calendar year January 1, 2010 through December 31, 2010

Please file this statement with the <u>Clerk of the House</u> or <u>Secretary of the Senate</u> by 5:00 p.m. on February 18, 2011. Please contact Commission staff at 287-4179 or come to the Commission office at 45 Memorial Circle, Augusta, if you have any questions about this form, your reporting requirements, or how to report specific situations.

LEGISLATOR INFORMATION

Momas Savells			☐ Hous	se 🖫 Senate	
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			1 201	-645-3120	
PART 1. INCOM	AE DERIV	ED FROM EMPLOYMENT	BY ANOTHER		
List the name and address of each employer fro economic activity of each employer.	om whom y	ou received compensation of	\$1,000 or more.	Specify the principal type of	
None					
Name of Employer	l este de le de La la la la la la	Address	Princip	al Type of Economic Activity of Employer	
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PART 2. INCOME DEF	RIVED FR	OM SELF-EMPLOYMENT	OR LAW PRACT	ICE	
A. List the name and address of your business of derived income. If associated with a partnership, activity or practice of that entity.	r law firm, it firm, profes	f any, and list the major areas sional association, or similar t	of economic activit jusiness entity, list t	y or practice from which you the major areas of economic	
None			of Committee (Committee) (Comm	14000000000000000000000000000000000000	
Name and Address of Business Entity or Law Firm		Major Areas of Economic Law Practice (self)	Activity/	Major Areas of Economic Activity/ Law Practice (partnership, association, firm or similar business entity)	
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Address:		delegonomia			
Name:	nichterhetititeitehetivationismaakantemiteepaalpagaegogogygg		мамматите и фоносного у госовото и тестото. Лока печена на станова постанова постанова постанова постанова на	kilometyn far yn ac yn ei gaeth a gaeth a faeth a daill a dain dain far yn yr ac yn ac gaeth a gaeth a dain a dain dain dain dain dain a bell ar dain a dain	
Address:		Termina de la companya de la company	Strong was constrained		

PART 2 (continued). INCOME DERIVED FROM SELF-EMPLOYMENT
B. List each source of income derived from self-employment or law practice that represents more than 10% of your gross income of \$1,000, whichever is greater, and specify the principal type of economic activity of the entity or person from whom you derived such income. If this form of disclosure is prohibited by law, rule, or an established code of professional ethics, specify only the principal type of economic activity of the entity or person from whom the income was derived.
Principal Type of Economic Name and Address of Source Activity of Entity or Person Who is the Source of the Income
Name:
Address:
Name:
Address:
PART 3. OTHER SOURCES OF INCOME
List each source of income of \$1,000 or more <u>not listed</u> in Parts 1 or 2 of this form. Do not include gifts or honoraria. If none, check the box.
None
Name and Address of Source Kind of Income (investments, leases, etc.)
Name: International Paper
Name: International Paper Address: Sandfield Com CH
Name:
Address:
Name:
Address:
PART 4. REPORTABLE LIABILITIES
List the names of creditors for any <u>unsecured</u> loans of \$3,000 or more that you received during the reporting period, and list the major areas of economic activity of each creditor. Do not list credit card liabilities, educational loans, loans from a relative, or business loans from regulated financial institutions. If none, check the box.
None
Name and Address of Creditor Principal Type of Economic Activity of Creditor
Name:
Address:
Name:
Address:
PÄRT 5. REPORTABLE GIFTS
List the specific source of gifts received during the reporting period with an aggregate value of more than \$300. If none, check the box.
<u>D</u> None
Name of Source of Gift 1. 3.
2. · 4,

PART 6. RI	EPORTABLE HONORARIA		
List the source of any honoraria accepted for appearances or	speeches. If none, check the	box.	
None			
Name of Source of Honoraria		Name of Source of Honoraria	
1.	3.		-
2.	4.		1997 (red all effects) and file in the result and all evidence in the second and an all evidence in the second
PART 7. REPRESENT	TATION BEFORE STATE	AGENCIES	
List each executive branch agency before which you represe box.	ented or assisted others for co	ompensation of any amount. If no	one, check the
None			
Name of Agency 1.	3.	Name of Agency	
•	Georgiansparance		
2.	4.		«Фексентиносного» констиненто в два изока в адентова до до подости на подости на подости на подости на подости
	IESS WITH STATE AGEN		
List each executive branch agency to which you or a memb \$1,000 during the reporting period. Indicate whether you or a	er of your immediate family so family member sold the good	old goods or services with a values or services. If none, check the b	e in excess of ex.
None			
Name of Agency	Meterological Control of Control	Name of Agency	
1.	3.		
2.	4.		
PART 9. INCOME RECEIVE			
List the type of economic activity representing each source of dependent child(ren) during the reporting period and the kind of \$1,000 or more, list his or her name and job title. List only not include gifts.	I of income represented. If yo	ur spouse or domestic partner red	ceived income
Name of Spouse or Domestic Partner and Job Title	Type of Economic Act Representing Source of I		
Name of Spouse of Domestic Faither and 300 Title	Received	Income Kind of Inc	ome
Name: NA	1.	. 1 .	
	2.	2.	
Job Title:	3.	3.	
Dependent Child(ren) - Job Titles Only			
Job Titte:			And an analysis of the state of
Job Title:		er e	The developed the first control and a second
Job Title:			

PART 10. O	FFICER OR DIRECTO	R POSITIONS		
List any for-profit or nonprofit corporation, firm, associati held any office, trusteeship, directorship, or position of a tion was compensated. If a family member listed, indica	iny nature. Indicate wheth	er vou or a family held	the position and w	diate family hether the posi-
M None				
Organization/Business and Address	Title	Position Held By:	Family Member's Name	Compen- sated?
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Signature			Date Date	

	DITIONAL INFORMAT			
Please provide any additional information below (a the information you are providing. Use additional p	and on additional sheets pages, if necessary.	if needed). Indicat	e the part or secti	on number for
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